PTO/SB/22 (08-03)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | Docket No. (Optional) B7150.0001/P001 | |
|--|----------------------------|------------|--|----------|
| In re Application of Clive L. Sangster, et al. | | | | |
| PEVO | Application Number | | Filed | |
| | 09/922,928-Conf. #9007 | | August 7, 2001 | |
| 0C1 0 1 2003 22 | For: INTERMEDIATE LENS PAD | | | |
| FRAT & TRADEME | Art Unit | 3723 CE/15 | xaminer | W. Berry |
| This is a request under the provisions of 37 CFR 1.165(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are 65/pllows (check time period desired): One month (37 CFR 1.17(a)(1)) | | | | |
| One month (37 CFR 1.17(a)(1)) | | | 3700 s | |
| Two months (37 CFR 1.17(a)(2)) | | | \$ | |
| x Three months (37 CFR 1.17(a)(3)) | | | <u>-</u> \$ | 930.00 |
| Four months (37 CFR 1.17(a)(4)) | | | \$ | |
| Five months (37 CFR 1.17(a)(5)) | | | \$ | |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is | | | | |
| reduced by one-half, and the resulting fee is: \$ | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| X Payment by credit card. Form PTO-2038 is attached. | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any | | | | |
| overpayment, to Deposit Account Number04-1073 | | | | |
| I have enclosed a duplicate copy of this sheet. I am the applicant/inventor | | | | |
| applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| attorney or agent of record. Registration Number | | | | |
| x attorney or agent under 37 CFR 1.34(a). | | | | |
| Registration number if acting under 37 CFR 1.34(a) | | | | |
| October 1, 2003 | | | | |
| Date Signification | | | | |
| (202) 828-2274 Donald A. Gregory Telephone Number Typed or printed name | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below | | | | |
| Total of1 forms are submitted. | | | | |